			Application No.:	09/895,466	
TRANSMITTAL			Filing Date:	June 29, 2004	
OIFE FORM			First Named Inventor:	Robin Budd, et al	
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			Examiner:	Casiano, Angel L.	
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ENCLOSURES (check all that apply)					
Authorization for the Commissioner to charge Deposit Account No. 05-0889 for fees associated with this transaction (in duplicate)		Assi	ignment ordation Cover Sheet		Petition for Revival of an Unintentionally Abandoned Application [37 CRF 1.137(b)] (in duplicate)
☑ Amendment/Response			ration/Power of Attorney iate Power of Attorney		Fee Transmittal (in duplicate) Form PTOL-85B, Part B -Issue Fee Payment Transmittal," (in duplicate)
After Final Affidavits/Decl.		Revoca	ation of Power of Attorney		Express Abandonment Request
Seven (7) sheets of replacement drawings Request for Continued Examination Transmittal Information Disclosure Statement Response to Missing Parts/Incomplete Application		Four (change Copy of Draftsp Certific Docum	al Drawings (4) sheets of redlined (es to drawings of PTO 948, "Notice of person's Patent Review" (ed Copy of Priority ment(s) onal Enclosures:		Terminal Disclaimer Status Inquiry Certificate of First Class Mailing Certificate of Express Mail Mailing Postcard
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT					
February 28 2005 Robert Hen Pale					
Date (/ Robe EMC Office Tel: (508) 293-6985 176 S			ert Kevin Perkins Esq. (Reg. No. 36,634) C Corporation the of the General Counsel South Street kinton, MA 01748		
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8]					
I hereby certify that this correspondence and the above-referenced enclosures are being:					
Deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Transmitted by facsimile on the date shown below to the Patent and Trademark Office at (703) 308-6916.					
Tuburary 28, 2005 Signature Sandra A. Kulaga Typed or printed name of person signing certificate					
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